

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 11/17/03  
Application Type:: Continuation  
Subject Matter:: Utility  
Title:: PASSIVE VENTRICULAR SUPPORT  
DEVICES AND METHODS OF USING THEM  
Attorney Docket Number:: 020979-002210US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 16E  
Total Drawing Sheets:: 13  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RONALD  
Middle Name:: G.  
Family Name:: FRENCH  
City of Residence:: Santa Clara  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1564 Heatherdale  
City of Mailing Address:: Santa Clara  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: SUNMI  
Middle Name:: K.  
Family Name:: CHEW  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1599 Martin Avenue  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95126

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: HANSON  
Middle Name:: S.  
Family Name:: GIFFORD III  
City of Residence:: Woodside  
State or Province of Residence:: CA  
Street of Mailing Address:: 3180 Woodside Road  
City of Mailing Address:: Woodside  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: BERNARD  
Middle Name:: H.  
Family Name:: ANDREAS  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 633 California Way  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94062

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/963,921	09/25/01

#### **Assignee Information**

Assignee Name:: The Foundry, Inc.  
Street of mailing address:: 604-D Fifth Avenue  
City of mailing address:: Redwood City  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94063